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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

Date of Deposit:	6/20/05	Name of Person Making the Deposit:	Jose S. Garcia	Signature of the Person Making the Deposit:	*Jose S. Garcia*

In re Application of: **Valluru *et al.***

Serial No.:	**10/047,211**	Examiner:	**PWU, Jeffrey C.**
Filed:	**1/14/2002**	Art Unit:	**2143**

06/24/2005 MWOLDGE1 00000035 10047211
01 FC:1251   120.00 OP

Confirmation No.   **5753**

For: **METHOD AND SYSTEM FOR SCALING MEMORY BANDWIDTH IN A DATA NETWORK**

Mail Stop Amendment
Commissioner for Patents
P.O.Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is a Preliminary amendment for this application

__x__ Transmitted herewith is a response to an office action for the above identified patent application.
       (__15__ Sheets)
_____ Transmitted herewith are _____ sheets of formal drawings
_____ Transmitted herewith is _____
_____ Other

2.   Applicant is other than a small entity

Extension of Term

3.   The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(a)   [x]   Applicant petitions for an extension of time under 37 C.F.R. 1.136
              (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension	Fee
[x]one month	$ 120.00
[ ] two months	$ 420.00
[ ] three months	$ 950.00
[ ] four months	$1,480.00

Fee $120.00

If an additional extension of time is required, please consider this a petition therefor.

(b)   []   Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

rev. 11/98 kgr

Fee Calculation

4.   The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	49	- 49 =	0	X $50.00	$00.00
Independent Claims	5	- 5 =	0	X $200.00	$00.00
Multiple Dependent Claim Fee (one or more, first added by this amendment)				$260.00	
Total Fees					**$00.00**

PAYMENT OF FEES

5.   The full fee due in connection with this communication is provided as follows:

[x]   The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085 . A duplicate copy of this authorization is enclosed.

[x]   A check in the amount of **$ 120.00**

[ ]   Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP
Two North Market Street, Third Floor
San Jose, California 95113
(408) 938-9060

Customer Number: 000045593

Respectfully submitted,

Date: **June 20, 2005**   By: *Jose S. Garcia*
Jose S. Garcia
Reg. No. 46,628